AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

United States District CourtRECEIVED

for the

JUL 23 2025

Errica James Individual and daughter	AT 8:30 M CLERK, U.S. DISTRICT COURT - DNJ
Maki Howard Defendant/Respondent	Civil Action No. 3:24-cv-10894-RK- JBD

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Maki Howard

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 7/23/2025

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		•	ount expected month
	You	Spouse	You	Spouse
Employment	s None	* None	\$ None	\$ NOCE
Self-employment	\$O	\$ O	\$ 🔿	\$0
Income from real property (such as rental income)	\$ None	\$ Nove	* None	None
Interest and dividends	\$ O	\$ 💍	\$	\$ 💍
Gifts	\$ 0	\$ 💍	\$ 6	\$
Alimony	\$ ()	\$	\$	\$ 🔿
Child support	\$ ()	\$ 🔿	\$ 0	\$ 💍

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0		\$ 0	\$ \bigcirc	\$ 0	
Disability (such as social security, insurance payments)	\$ \bigcirc		\$ 0	\$ 0	\$ O	
Unemployment payments	\$ 0		\$ 0	\$ \bigcirc	\$ 0	
Public-assistance (such as welfare)	\$ 0		\$ 0	\$ 0	\$ O	
Other (specify):	\$		\$	\$	\$	
Total monthly income:	\$ 0	.00	\$ 0.00	\$ 0.00	\$	0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross
			monthly pay
Play S.A.F.E	199 Rul Robeson Blvd	7/1/24-8/9/24	\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
None			\$ 0
			\$
			\$ 8

4.	How much cash do you and your spouse have? \$
	Delay, state any manay you or your enouse have in bank accounts or in any other financial institution

Financial institution	Type of account	Amount you have	Amount your spouse has
None		s O	\$ 🔿
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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	Assets owned by you or your spouse
5.	List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by y	ou or your spouse
Home (Value) None	\$
Other real estate (Value)	\$
Motor vehicle #1 (Value) Nove	\$
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value) None	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Nobody	s ()	s O
	s	S
	s	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
Nobody		

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8.	Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your
	spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the
	monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	* No ne	* None
Utilities (electricity, heating fuel, water, sewer, and telephone)	s 🔿	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food	s <i>O</i>	\$ (
Clothing	s O	\$ 🔿
Laundry and dry-cleaning	s 🔿	\$
Medical and dental expenses	s 🔿	\$
Transportation (not including motor vehicle payments)	s 🔿	\$
Recreation, entertainment, newspapers, magazines, etc.	s O	s O
Insurance (not deducted from wages or included in mortgage payments)	None	
Homeowner's or renter's:	s 🔿	s (S
Life:	s 🔿	s 🖒
Health:	s 🔿	s 💍
Motor vehicle:	s 💍	s 🔿
Other:	s 🖒	s 🔾
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	s 🔿
Installment payments	None	
Motor vehicle:	s ()	s NOTO
Credit card (name):	s O	s O
Department store (name):	\$	s 🔿
Other:	s (s 💍
Alimony, maintenance, and support paid to others	\$ 0	\$ \(\)

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Regular expenses for operation of business, profession, or farm (attach detailed statement)		\$	0	\$	0		
Other (specify):			0	\$	0		
	Total monthly expenses:	\$	0.00	\$	0.00		
9.	Do you expect any major changes to your monthly income or expenses next 12 months?	or ir	n your assets or li	abili	ties during the		
	☐ Yes No If yes, describe on an attached sheet.						
10.	Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☑ No						
	If yes, how much? \$						
11.	Provide any other information that will help explain why you cannot pay At the time of the incident, I was turned 18 and am now representing I am unable to offerd an attorney or cover	y th	e costs of these production of the court	16 - 16	edings.). I've sir w an incor rees.		
12.	Identify the city and state of your legal residence. 287 Nichol Ave New Brusswick	٦	NZ 080	∮Q.	1		
	Your daytime phone number: 908-696-6381						